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PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number 342312004800
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CLAIMS AS FILED - PART I			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$	OR		\$ 740.00
TOTAL CLAIMS (37 CFR 1.16(c))	37 minus 20 =	17	x\$9.00	\$	OR	\$18.00	\$ 306.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	1	x\$42.00	\$	OR	\$84.00	\$ 42.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+\$140.00	\$	OR	\$280.00	\$ 280.00
			TOTAL	\$	OR	TOTAL	\$1,368.00

*If the different in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A	Total (37 CFR 1.16(c))	Minus		=	x\$9.00	\$	OR	\$18.00	\$
	Independent (37 CFR 1.16(b))	Minus		=	x\$42.00	\$	OR	\$84.00	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$140.00	\$	OR	\$280.00	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT B	Total (37 CFR 1.16(c))	Minus		=	x\$9.00	\$	OR	\$18.00	\$
	Independent (37 CFR 1.16(b))	Minus		=	x\$42.00	\$	OR	\$84.00	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$140.00	\$	OR	\$280.00	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT C	Total (37 CFR 1.16(c))	Minus		=	x\$9.00	\$*	OR	\$18.00	\$
	Independent (37 CFR 1.16(b))	Minus		=	x\$42.00	\$*	OR	\$84.00	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$140.00	\$*	OR	\$280.00	\$
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450